

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

With cen n 19418

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28041

State File No.

Registration District No.

Primary Registration District No. 3011

Registrar's No. 178

1. PLACE OF DEATH:

(a) County. Clay  
(b) City or town. Excelsior Springs, Mo.  
(c) Name of hospital or institution:  
626 Osage Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 39  
(Specify whether in this community. 39 years, months or days)

3. (a) PRINT FULL NAME

MOHIE GIBSON

3. (b) If veteran,

name-war. NO

3. (c) Social Security

No. 491-01-9539

4. Sex. Female 5. Color or race. Colored 6. (a) Single, widowed, married, divorced. Married  
7. Name of husband or wife. Joe Gibson 6. (c) Age of husband or wife if alive. 57 years  
8. Birth date of deceased. Jan-12-1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 26 If less than one day hr. min.

9. Birthplace. Carroll, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Cook.

11. Industry or business.

12. Name. Med Riffe  
13. Birthplace. Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name. Mary Menefee  
15. Birthplace. Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant. Pauline Murrell

(b) Address. Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof. Aug 10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Elmwood

18. (a) Signature of funeral director. Herbert Sape

(b) Address. Excelsior Springs, Mo.

19. (a) Aug 11-1941 (b) Mrs. M. Gibson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay 024  
(c) City or town. Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 626 Osage Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. August day 8  
year 1941 hour 22 minute AM

21. I hereby certify that I attended the deceased from August 4 to August 8  
1941 to August 8 1941  
that I last saw him alive on August 8  
and that death occurred on the date and hour stated above.

Immediate cause of death. Influenza Pneumonia (bronchial)  
Duration 3 or 4 weeks from history

Due to

Due to 33A

Other conditions. 0  
(Include pregnancy within 3 months of death)

Major findings:

Of operations NO  
Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). NO  
(b) Date of occurrence. 0  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury NO

23. Signature. J. M. Crutcher (M. D. or other) MD  
Address Excelsior spry mo Date signed 8/10/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-3-41

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Chas. Virgil Hope*  
Licensed Embalmer No. *3950*  
P. O. Address *Excelsior Springs*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**